

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000075

FILED
Aug 29, 2005
Secretary of State

Entity Name: REALESTATE LISTING SERVICE CORPORATION

Current Principal Place of Business:

1229 HERCULES LANE
NAPERVILLE, IL 60540

New Principal Place of Business:

Current Mailing Address:

2910 ST. ANDREWS BLVD
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 07-5088661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, WILLIAM L
2910 ST. ANDREWS BLVD
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOX, WILLIAM L
Address: 2910 ST. ANDREWS BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P () Delete
Name: FOX, VIRGINIA
Address: 2910 ST. ANDREWS BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: FOX, JIM
Address: 1229 HERCULES LANE
City-St-Zip: NAPERVILLE, IL

Title: D () Delete
Name: FOX, DOROTHY
Address: 1229 HERCULES LANE
City-St-Zip: NAPERVILLE, IL

Title: D () Delete
Name: FOX, VIRGINIA
Address: 2910 ST. ANDREWS BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. FOX

P

08/29/2005

Electronic Signature of Signing Officer or Director

Date